٠.	CAIMS AS FILED - PART I	10/0/0/68
	(Column 1)	
٠	BASIC FEE NUMBER FILED NUMBER EXT	SMALL ENTITY OR OTHER THAN
~ر	TOTAL CLAIMS (37 CFR 1.16(c))	TATE FEE
•	INDEPENDENT OF MINUS 20 -	S RATE FE
		x s 25 OR S
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16/du	$\times 100$ OR $\times 50$
	CAMPRESENT . (37 CFR 1.16(d))	08 1, 200
	"If the difference in column t is less than zero, enter "0" in column 2.	+s.180 OR +360
	Cl AMA	TOTAL OR + 5200
	CLAIMS AS AMENDED - PART II	OR TOTAL
	(Column 1)	
	Classes (Column 2). (Column	
·	REMAINING HIGHEST NUMBER PRESE	SMALLENTITY OR OTHER THAN
٠.	AFTER NUMBER PRESENT PREVIOUSLY EXTR	NT RATE ADDI
. 1	O (3) CFR (.16(c)) 30 1 Minus " 27	TIONAL RATE
- 1	Total (31 CFR 1.16c) 1 30 Minus 37 = 1	25 TIONIL
ŀ	¥ 5000 = 1	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	$\frac{\times 100}{100}$ OR $\frac{\times 200}{\times 200}$
-	(37 CFR 1.16(d))	+s 8()
		TOTAL OR +s30
1	(Column 1) (Column 2) (Column 3)	ADO'L FEE OR TOTAL ADO'L FEE
	REMAINING AFTER AMENDMENT REMAINING AFTER PREVIOUSLY EXTRA	RATE ADDI-
6	Total PAID FOR PAID FOR	TIONAL RATE ADDI
DAID Y	I (31 CFR 1.160) Minus	25 TIONAL
N A	144102	00 7.5
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))	x s 100 = OR x s 200 =
-	(37 CFR 1.16(d))	1 +s 18()_
1		TOTAL OR + 360
O	(Column 1) (Column 2) (Column 3)	ADO'L FEE TOTAL OR ADD'L FEE
	REMAINING HIGHEST !	
MENT	AFTER NUMBER PRESENT PREVIOUSLY EXTRA	RATE ADDI
18	Total (I) CFR 1.16(d) PAID FOR	AODI. TIONAL RATE ADDI-
N.	Indépendent	TIONAL
AMEND		08 14.50
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1, 16(d))	x 5 100 OR x 5 200
1		+s\8U_=
!	If the entry in column 1 is less than	TOTAL OR + 500
]	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, en The Highest Number Previously Paid For IN THIS SPACE is less than 20, en	ADO'L FEE OR ADO'L FEE
This co	If the Highest Number Previously Paid For In THIS SPACE is less than 20, en The Highest Number Previously Paid For IN THIS SPACE is less than 20, en The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter the Highest Number Previously Paid For Total or Independent is the highest leading of information is required.	der 20-
The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. This collection of information is required by 37 CFR 1 16. The informatio		

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS